

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005273

Entity Name: ALSCO INC.**Current Principal Place of Business:**505 E. 200 SOUTH
SALT LAKE CITY, UT 84102**Current Mailing Address:**505 E. 200 SOUTH
SALT LAKE CITY, UT 84102 US**FEI Number:** 87-0252999**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	S
Name	MAPLE, SHANDA
Address	505 E. 200 SOUTH
City-State-Zip:	SALT LAKE CITY UT 84102

Title	VPT
Name	KEARNS, JAMES
Address	505 E. 200 SOUTH
City-State-Zip:	SALT LAKE CITY UT 84102

Title	PD
Name	STEINER, KEVIN K
Address	505 E. 200 SOUTH
City-State-Zip:	SALT LAKE CITY UT 84102

Title	PD
Name	STEINER, ROBERT C
Address	505 E. 200 SOUTH
City-State-Zip:	SALT LAKE CITY UT 84102

Title	AS
Name	LINDBERG, LISA
Address	505 E. 200 SOUTH
City-State-Zip:	SALT LAKE CITY UT 84102

Title	AS
Name	RANDY, BROUGH
Address	505 E. 200 SOUTH
City-State-Zip:	SALT LAKE CITY UT 84102

Title	VP
Name	GINNETTI, JAMES A
Address	505 EAST 200 SOUTH
City-State-Zip:	SALT LAKE CITY UT 84102

Title	TREASURER
Name	PASSEY, STEVE
Address	505 E. 200 SOUTH
City-State-Zip:	SALT LAKE CITY UT 84102

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LISA LINDBERG**ASST. SECRETARY****06/09/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HYLAND, JAMES A
Address 505 E. 200 SOUTH
City-State-Zip: SALT LAKE CITY UT 84102

Title DIRECTOR
Name STEINER-GRIFFITHS, MELISSA
Address 505 E. 200 SOUTH
City-State-Zip: SALT LAKE CITY UT 84102

Title DIRECTOR
Name BRYANT, HENRY
Address 72 WINTHROP DRIVE
City-State-Zip: RIVERSIDE, CT 06878

Title DIRECTOR
Name ROGERS, PIPER
Address 2015 PURDUE AVE
City-State-Zip: LOS ANGELES CA 90025

Title DIRECTOR
Name ZAPPONE, MARY
Address 505 E. 200 SOUTH
City-State-Zip: SALT LAKE CITY UT 84102

Title DIRECTOR
Name ASHER, ELIZABETH
Address 505 E. 200 SOUTH
City-State-Zip: SALT LAKE CITY UT 84102

Title DIRECTOR
Name LUND, VICTOR
Address 505 E. 200 SOUTH
City-State-Zip: SALT LAKE CITY UT 84102

Title ASST. SECRETARY
Name ROGERS, RICHARD A
Address 505 EAST 200 SOUTH
City-State-Zip: SALT LAKE CITY UT 84102

Title DIRECTOR
Name WYATT, DENISE
Address 100 N. MAIN STREET 11TH FLOOR
MACD4001-114
City-State-Zip: WINSTON-SALEM NC 27101

Title DIRECTOR
Name LARSON, STEPHEN B
Address 505 E. 200 SOUTH
City-State-Zip: SALT LAKE CITY UT 84102

Title DIRECTOR
Name EDGLEY, ROGER
Address 505 E. 200 SOUTH
City-State-Zip: SALT LAKE CITY UT 84102